

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Subject (2)</i>		<i>08-31-01</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>LS</i>	<i>1024</i>	<i>10/2/01</i>
RESPONSE FORMALITY REVIEW	<i>M.D.</i>	<i>625</i>	<i>12-13-01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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*10/2*  
*5/28/01*  
*12/17/01*